

## ENTITLEMENT PLANNING CONSULTATION CHECKLIST

In order to provide you with the most comprehensive consultation with a focus on government benefits and Medicaid, I will need to review the following documents. These documents are also required in submitting a Medicaid application in New York State. If possible, please bring copies of these documents to leave with me at the consultation.

**\*For Married Couples Only: Please provide documentation for BOTH Applicant & partner/spouse\***

**\*\*For Nursing Home Only: Please do NOT staple statements\*\***

Birth Certificate, Baptismal Certificate or NYS Driver's/Non-Driver's License	Applicant's [and Partner/spouse's] checking account statements for past 3 months for Medicaid Home-Care or 5 years for Medicaid Nursing Home
Certificate of Naturalization or US Passport	Applicant's [and Partner/spouse's] bank books/savings account statements (copies of actual books including cover page) for past 3 months for Medicaid Home-Care or 5 years for Medicaid Nursing Home
Marriage Certificate/License	Life Insurance Policy/face value, cash value and beneficiary(ies)
Divorce/Separation Papers	Medigap/private insurance along with monthly or premium statement For example: AARP; Blue Cross/ Blue Shield
Death Certificate (of deceased partner/spouse)	Medical bills for past 3 months
Armed Forces Card or Discharge Papers	Rent Receipt/House Deed/Coop/Condo Information
Social Security Card	Mortgage Papers (payment book)
Medicare Card	Home Owner's Insurance Policy
Verification of pension/other income	Real Estate Tax Bill
Current Social Security Benefit Statement. If you cannot locate this letter you may obtain one by creating an account via <a href="http://www.socialsecurity.gov/myaccount">www.socialsecurity.gov/myaccount</a> for immediate access to your benefit verification letter	Utility Bills (phone, gas, electric) (a set of bills from any recent month is sufficient)
Personal Tax Returns for previous 2 years statement	Letter from Tenant (if income producing property) and copy of rent check
Wills, Health Care Proxies, POA, Living Wills if already executed	Name, address and telephone number of primary physician
Pre-Paid Funeral Agreement	Burial Plot